$\mathbf{V}$	
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to: 9490731	D. Is delivery address different from Item 1? \ \ \ Yes \ If YES, enter delivery address below: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Koppers Company Inc. c/o Beazer East Inc. Jill M. Blundon Registered Agent for Beazer East Inc.	MAY 2 2 5015
436 Seventh Avc.	3. Service Type
Pittsburgh, Pennsylvania 15219	3. Service Type  Certified Mail  Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7014 01	LSO 0000 2453 9605
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540

